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HENRY M. FEI FREI SEN (Depositor's name) 350 FIFTH AVENUE **SUITE 4714** NEW YORK, NY 10118 (Signature Auguat (Date) FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. 3799 01/30/2004 GRIMM-3 10/768.392 Gunther Grimm TITLE OF INVENTION: PROTECTIVE DEVICE FOR AN INJECTION UNIT TO GUARD AGAINST INJURY SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE NO \$1400 \$300 \$1700 09/21/2006 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS 425-151000 HEITBRINK, TIMOTHY W 1722 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list HENRY M. FEIEREISEN (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Krauss-Maffei Kunststofftechnik GmbH München / Germany ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignce category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) ☑ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Advance Order - # of Copies Deposit Account Number 06-0502 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY/status. See 37 CFR 1.27 □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Hublication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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